

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/564632

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52				1		
3		2		2			53				1		
4		2		2			54				1		
5		2		2			55				1		
6		2		2			56				1		
7		2		2			57				1		
8		2		2			58				1		
9		2		2			59				1		
10		2		2			60				1		
11		2		2			61				1		
12		2		2			62				1		
13		2		2			63						
14		2		2			64						
15		2		2			65						
16		2		2			66						
17		2		2			67						
18		2		2			68						
19		2		2			69						
20		2		2			70						
21		2		2			71						
22		2		2			72						
23		2		2			73						
24		2		2			74						
25		2		2			75						
26		2		2			76						
27		2		2			77						
28		2		2			78						
29		2		2			79						
30		2		2			80						
31	1		1				81						
32		1		1			82						
33		1		1			83						
34		1		1			84						
35		1		1			85						
36		1		1			86						
37		1		1			87						
38		1		1			88						
39		1		1			89						
40		1		1			90						
41		1		1			91						
42		1		1			92						
43		1		1			93						
44		1		1			94						
45		1		1			95						
46		1		1			96						
47		1		1			97						
48		1		1			98						
49		1		1			99						
50		1		1			100						
TOTAL IND.	↓		↓		↓		TOTAL IND.	↓	2	↓		↓	
TOTAL DEP.	←		←		←		TOTAL DEP.	←	75	←		←	
TOTAL CLAIMS							TOTAL CLAIMS		77				